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ABSTRACT

Data pertaining to population and family planning in seventeen foreign countries are presented in these situation reports. Countries included are Austria, Belgium, Bolivia, Botswana, Finland, German Federal Republic, Italy, Luxembourg, Mauritania, Netherlands, Norway, Portugal, Puerto Rico, Sweden, Tanzania, Yugoslavia, and Zambia. Information is provided, where appropriate and available, under two topics, general background and family planning situation. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations, and personnel, government attitudes, legislation, family planning services, education/information, sex education, training opportunities for individuals, families, and medical personnel, program plans, government plans, and related supporting organizations. Bibliographic sources are given. (BL)

Situation Report

Distribution *

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Country AUSTRIA

Date MARCH 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

ED 062199

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
AREA			83,849 sq.kms.
TOTAL POPULATION	6,935,000	7,048,00	7,391,000 (1970)
POPULATION GROWTH RATE			0.5% (1963-70)
BIRTH RATE	15.0	17.9	15.2 per 1000 (1970)
DEATH RATE	12.3	12.7	13.4 per 1000 (1970)
INFANT MORTALITY RATE	61.3	37.5	25.9 per 1000 (1970)
WOMEN IN FERTILE AGE GROUP (15-44 YRS.)			1,417,776 (1970)
POPULATION UNDER 15 YEARS			24.5% (1970)
GNP PER CAPITA			US $1,470 (1969)
GNP PER CAPITA GROWTH RATE			4.6% (1970)
POPULATION PER DOCTOR		560 (1964)	525 (1970)
POPULATION PER HOSPITAL BED			932 (1970)

GENERAL BACKGROUND

Austria is a Federal Republic of nine provinces. The social welfare system includes health insurance and child and maternity allowances. Education is free and compulsory for ages 6 to 15.

* This report is not an official publication but has been prepared for informational and consultative purposes.

SE013695

Planned Parenthood Situation

Advice is available from clinics in the university hospitals and main maternity hospitals and from the Planned Parenthood Association.

Planned Parenthood Association

Österreichische Gesellschaft für Familienplanung
Universitäts Frauenklinik II
Spitalgasse 23, 1090 Wien

President: Professor H. Husslein

Association History

The ÖGF was founded in 1966 and became an associate member of the IPPF in 1971. A medical committee unites planned parenthood clinics in the university hospitals in Vienna, Graz and Innsbruck, and the maternity hospitals in Salzburg, Linz and Klagenfurt. The clinics were opened in 1969. The ÖGF secretariat was established in Vienna in 1970.

Government Attitude

The Association has received a grant from the Ministry of Social Affairs. The Ministry of Education is actively interested in the education work of the association.

Legislation

There is no comprehensive codification of Austrian law in the field of public health. There is no law against contraception although the IUD is prohibited. The manufacture and distribution of contraceptives is prohibited. Legal reforms are under active review. Abortion is prohibited except on grounds of serious damage to the health of the mother.

Facts and Figures

The estimated annual number of illegal abortions is between 70,000 and 100,000 i.e., over 50 per 100 births.

Training

Medical personnel have participated in the IPPF Europe Regional training scheme.

Responsible Parenthood and Sex Education

The ÖGF is co-operating with the Ministry of Education in plans for the introduction of sex education to schools. Initial emphasis is on the training of teaching staff. The Ministry has provided funds for the production of a film on sex education. The ÖGF has published information leaflets and a poster and participates in various meetings and discussions on radio/TV and in the Press.

IPPF Aid

£4,000 in 1971.

Situation Report

Distribution *

Country BELGIUM

Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			30,513 sq.kms.
Total population		9,153,000	9,676,000 (1970 est)
Population growth rate			0.6 per 100(1963-70)
Birth rate	16.9	16.9	14.7 per 1,000 (1970)
Death rate	12.6	12.4	12.4 per 1,000 (1970)
Infant mortality rate			21.7 per 1,000(1970)
Women in fertile age group(15-44yrs)			1,914,843(1968)
Population under 15			24%
GNP per capita			US$2,010(1969)
GNP per capita growth rate			3.5%(1961-69)
Population per doctor			640(1968)
Population per hospital bed			130(1968)

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances. Education is free and compulsory for ages 6-14.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

PLANNED PARENTHOOD SITUATION

Advice is available from the Planned Parenthood Federation centres.

PLANNED PARENTHOOD ASSOCIATION

Federation Nationale Belge des Mouvements pour le Planning Familial/
Belgiesche Nationale Federatie der Vereniging Voor Gezinsplanning,
Rue de Beriot 41,
1030 Brussels.

President: Dr. R. Perve.

ASSOCIATION HISTORY

The Federation became a full member of the IPPF in 1965.

GOVERNMENT ATTITUDE

Planned parenthood facilities are not officially included in the public health services but the Ministries of Education, Family and Health lend support to the work of the Federation and have given grants for information and education. The Federation is represented on the High Council for Family, which is affiliated to the Ministry of the Family. The Federation also receives support from some municipal authorities.

Under the terms of a Royal Decree of April 1970, issued through the Ministry of the Family, planned parenthood centres are legally recognised and eligible for subsidies for their medical and social activities.

LEGISLATION

Legislation of 1923 prohibits publicity for contraception and prohibits induced abortion. A number of Bills for reform of the law on cpntraception have been introduced during the past few years, but no reform has yet been agreed.

FACTS AND FIGURES

The Federation unites 12 centres 6 francophone, 3 flemish speaking and 3 University. The centres offer all methods of contraception, except the IUD, which is offered in the university hospital clinics (Brussels, Ghent & Liege).

TRAINING

The Department of Obstetrics & Gynaecology at the Universite St. Pierre, Brussels, in cooperation with the university hospitals in Ghent and Liege, organizes courses for French-speaking physicians and paramedical personnel as part of the IPPE Europe Regional Training Scheme.

The Federation organises courses for family guidance counsellors. Some centres organize training courses on clinic administration.

RESPONSIBLE PARENTHOOD AND SEX EDUCATION

The centres of the Federation hold meetings of sex education, marriage counselling, responsibility of the medical profession, etc. and these are well publicized in the press and on the radio and television. These meetings are organized for the general public and different groups of young people, teachers, parents associations, etc.

The Ministry of National Education has established a consultative committee to study aspects of sex education, and to draw up a comprehensive plan to organize this on a national scale at the secondary school level. This development has come about as a result of close consultation with the Federation.

IPPF AID

£5,000 in 1971.

Situation Report

Distribution *

Country BOLIVIA

Date FEBRUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
AREA			1,098,581 sq.kms.[1]
TOTAL POPULATION	3,013,000	3,696,000	4,773,000 (1971)
POPULATION GROWTH RATE		2.2%[2]	2.4% (1965-70)
BIRTH RATE		44.0[2]	43.8 per 1,000 (1965-70)
DEATH RATE		21.0[2]	19.0 per 1,000 (1965-70)
INFANT MORTALITY RATE		103.0[2]	108 per 1,000 (1970)[2]
WOMEN IN FERTILE AGE GROUP (15-44)		820,000	991,000 (1970)
POPULATION UNDER 15		42%	43% (1970)
URBAN POPULATION		29.9%[3]	34.3% (1970)[3]
GNP PER CAPITA			US $160 (1969)[4]
GNP PER CAPITA GROWTH RATE			2.4% (1960-9)[4]
POPULATION PER DOCTOR			2,680 (1967)[5]
POPULATION PER HOSPITAL BED			450 (1967)[5]

Unless stated otherwise the source for the table is the Boletín Demográfico of the Centro Latinoamericano de Demografía, Year IV, No. 8, Santiago de Chile, July 1971.

1. United Nations Demographic Year Book, 1970.
2. Datos Básicos de Población an América Latina, 1970; Departamento de Asuntos Sociales, Secretaría General de la OEA, Washington, D.C.
3. United Nations Monthly Bulletin of Statistics, November 1971.
4. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.
5. United Nations Statistical Year Book, 1970.

* This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

Bolivia is a landlocked country with a wide range of altitude and climate. The majority of the population lives in the high and bleak Altiplano in the north-west while the semi-tropical areas in the south and east are under-populated and underutilized. Over 50% of the population are Indians who speak their own language in preference to Spanish.

Health conditions are poor, as illustrated by the low average life expectancy of 46 years (1970) and by the very high infant mortality rate. In some areas this reaches over 150 per 1,000 live births. The country faces serious problems of social and economic underdevelopment and has one of the lowest per capita incomes in Latin America.

Population density is low; in 1970 it was four persons per square kilometre. The capital, La Paz, had a population of 507,200 inhabitants in 1968.

Ethnic

Approximately 60% of the population are Amerindian, and 40% are of mixed or white descent.

Language

Spanish is the official language. A large percentage of the population also speaks an Indian language; Quechua and Aymará are the most important.

Religion

There has been no state religion since 1961. The majority of the population is Roman Catholic.

Economy

There have been recent attempts to diversify the country's traditional dependence on tin which in 1969 formed 60% of total exports. Lead, silver, zinc, and oil are also produced. Some tropical agricultural products are exported, as well as animal products (hides, wool), but subsistence agriculture is predominant.

Communications/Education

The road and railway network is mainly found in the mining areas in the north and north-west, leaving the larger part of the country poorly served and isolated. Bolivia has no sea-coast but has outlets to both the Atlantic and Pacific Oceans.

There is a government and a private broadcasting authority with over 100 medium and short-wave radio stations, which broadcast in Spanish, Quechua, English and German. There is one television service. La Paz has six daily newspapers and there are six others in the chief provincial towns.

Education is free and where possible, compulsory between the ages of seven and fourteen years. There are eight universities. The rate of illiteracy is high: in 1967, 60% of persons aged 15 years and over were illiterate.

Medical and Social Welfare

The Minister of Public Health is the supreme health authority in the country. Medical services and health care do not reach a large part of the population. The lack of environmental sanitation, the low nutritional levels, and the shortage of staff and facilities, compound health problems, which above all are widespread amongst the rural population. There have been recent efforts to expand the rural health services and to extend and improve the activities of the ten basic health units into which the country is divided.

There are social welfare benefits for unemployment, accident, sickness, old age, and death but these are only available to a small part of the population.

II. FAMILY PLANNING SITUATION

There are no organized private family planning activities in Bolivia but services are available on a limited scale from individual practitioners and from missionary and welfare organizations. The Government in 1968 set up an autonomous agency to prepare projects for the introduction of a family planning programme.

Attitudes

The question of rapid population growth is not considered urgent in view of the many social and economic problems which immediately face the Government. The latter attacked the President of the World Bank for calling on the developing countries to regulate the number of births.

However, there are individuals both inside and outside the Government concerned with the health problems of the family, in particular the high rates of abortion and infant mortality. Accurate statistics on the situation do not exist but doctors have commented on the large number of hospital beds occupied by patients with abortion complications.

In 1968 the Government took action in this field for the first time when it set up a Department of Family Protection to define national policy. Later in the same year a Mixed Institutional Commission on Demography and Family Planning was created to sponsor research on population problems. It was at the recommendation of the Commission that the Centro Nacional de Familia (the National Family Centre - CENAFA) was established in November 1968, to coordinate population activities.

Legislation

Abortion and sterilization are illegal.

Government

History

The difficulty of organizing a population programme in Bolivia is not only one of arousing official support but also one of identifying the problems. The lack of any reliable statistical data and research results is an obstacle to the development of any kind of programme.

The first activities were therefore aimed at improving the information background against which objectives could be formulated and plans drawn up.

In 1968 the Government set up a Department of Family Protection within the Ministry of Health, responsible for studying and coordinating new proposals for maternal and child care, family planning and population. Later in the same year a Mixed Commission on Demography and Family Planning was established by the Ministry of Health, to sponsor research into population problems.

At the recommendation of the Commission, the Centro Nacional de Familia (CENAFA) was created by Presidential decree of 20 November 1968. It is a consultative body established by the Department of Family Protection within the National Health Service to give advice and to coordinate the recommendations of the Commission. CENAFA is an autonomous body and receives no Government funds. It has proposed several projects designed to introduce family planning services and to combat the high abortion rate. If adequate financing can be obtained, it is hoped that a genuine family planning movement can be established in Bolivia.

Address

Centro Nacional de Familia
Casilla 2283
La Paz
Bolivia

Personnel

Executive Secretary: Dr. Angel Baldivieso E.

Services

CENAFA does not provide any clinic services. Its programme at its foundation included the carrying out of research into population matters as a preliminary step towards the formation of a national population policy. Of particular importance were the organization of a Population Division, the holding of a national census, and the collection of relevant demographic data.

Education and Information

There are no organized activities.

Training

No professional training is provided in Bolivia. The Pan American Health Organization has granted fellowships to Bolivians for family planning studies abroad, mainly in Chile and Colombia.

Plans

The objectives of CENAFA as set out in the Internal Regulations, are as follows:

(i) To carry out research programmes on national population dynamics.
(ii) To coordinate population and family matters with other sectors of human resource planning, such as health, welfare and education.
(iii) To develop this coordination with the aim of integrating them into a national plan.
(iv) To evaluate population problems in order to determine national policy.
(v) To publicize the results of these studies as widely as possible.

Private Sector

Contraceptive services are provided on the initiative of private persons and organizations, including missionary groups, private doctors, individual missionaries and members of the Peace Corps of the United States. When the Peace Corps were thrown out of the country in May 1971, one of the reasons given for the action was that they had been carrying out family planning activities.

A private campaign against cancer carried out by the Bolivian Foundation against Cancer concentrated in 1971 on gynaecological cancer and provided free smear tests for about 10,000 women.

The Socio-Economic Development Centre (DESEC) carries out demographic and abortion studies; its President Dr. R. Suárez Morales, is developing a pilot fertility control and cancer detection clinic in the University Hospital, La Paz, with the assistance of USAID. The latter has also donated IUDs and insertors through its mission in La Paz.

Other sources

- Fourth Report on the World Health Situation, 1965-1968. Official Records of the World Health Organization, No. 192, WHO, Geneva, June 1971.

- The Europa Year Book, 1971. A World Survey. Vol. II.

Situation Report

Distribution *

Country BOTSWANA

Date April 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES.
Area		600,373 sq.kms
Total population	537,000 (1963)	668,721 (1971)1
Population growth rate		2.7% (1963-70)2
Birth rate		44.2 per 1,000 (1968)2
Death rate		22.6 per 1,000(1968)2
Women of fertile age (15-44)		133,177(1968)2
Population under 15		42.7% (1968)2
Urban population		6.8% (1970)2
GNP per capita		US $100 (1968)3.
GNP per capita growth rate		1%(1960-69)3.
Population per doctor		23,300 (1969)4
Population per hospital bed		370 (1969)4

1. Local estimate
2. U.N. Demographic Yearbook 1970
3. World Bank Atlas
4. U.N. Statistical Yearbook 1970.

* This report is not an official publication but has been prepared for information and consultative purposes.

GENERAL BACKGROUND

Botswana became independent in 1966 under the Presidency of Sir Seretse Khama. The country is largely semi-desert and the majority of the population live along the eastern border. It is almost completely surrounded by South Africa and Rhodesia. There are about 5,000 political refugees in the country, mainly from Angola. The capital, Gaberones, has a population of approximately 12,000. Larger towns are Serowe, Kanye and Molepolole. There are 4 political parties.

ETHNIC GROUPS

There are 8 Batswana tribes together with several thousand nomadic bushmen in the Kalahari desert, and a few thousand Europeans.

LANGUAGE

English is the official language. Setswana is the most common local language.

RELIGION

Chief religions are ancestor worship and Christianity (mainly Roman Catholic).

ECONOMY

The majority of the population are engaged in mixed farming. Cattle are of major importance. Drought is frequent, and a serious obstacle to economic development.

At any one time, about 10% of Botswana's able-bodied men are forced to seek employment in South African mines. In 1967, there were only 28,148 wage earners in Botswana. There are very few industries outside mining and animal and food processing. The country is heavily dependent on South Africa and Rhodesia for communications and trade. Together with Lesotho and Swaziland, Botswana is part of the South African monetory and customs union.

The country's economic prospects have considerably improved as a result of recent discoveries of large mineral deposits. Nickel and copper are now being mined, and the production of industrial diamonds is to be undertaken. The existence of several more valuable mineral desposits is suspected. Manganese and asbestos began to be exploited at an earlier date. Principal exports in order of importance in 1967 were: cattle carcases, hides and skins, meat extract, abbatoir by-products, live cattle, canned meat and sorghum.

COMMUNICATIONS/EDUCATION

School enrolment 1969: primary - 82,214 secondary - 3,049
Most primary schools are run by district and town councils financed from local government. In primary schools instruction is given in Setswana in standards I and II, and in English subsequently. The Government spends about 12% of its total capital expenditure on education. In 1964, about 67% of adults over 15 were illiterate.

The University of Botswana, Lesotho and Swaziland is situated at Roma in Lesotho. An Agricultural college was established in 1967 and there are 3 Teacher Training colleges.

Radio: 9 sets per 1,000 people (1970)
Cinema: 1.8 seats per 1,000 people (1970)
Newspapers: 15 copies per 1,000 people (1970)

There is one daily newspaper in English, and no television.
The country has several thousand miles of roads. The main railway from Cape Town to Rhodesia passes through Botswana. In an effort to lessen its dependence on South Africa, a road link with Zambia is being built through the narrow point of land at Kazungulu.

MEDICAL

Malnutrition is widespread throughout the country. In mid-1970 the World Food Programme was feeding approximately one third of the total population including school children, under 5s, and pregnant and nursing mothers. Mortality of children under 2 was estimated recently at an average of 126 per 1,000.

FAMILY PLANNING SITUATION

Botswana has had a Government sponsored family planning programme since 1971. The programme involves the provision of family planning, or 'child spacing', services within MCH, to be offered eventually in all hospitals and health centres. There is no private family planning association.

HISTORY

Before the establishment of a national programme in Botswana family planning services were limited to individual doctors and mission hospitals. Following several visits by IPPF officials in 1968, an IPPF assisted programme to train doctors and other health personnel was agreed. This was publicly announced by the Director of Medical Services, Dr. D. G. Standing at the 2nd Commonwealth Medical Conference in September 1968. As a follow-up to this training course, IPPF agreed to finance a Maternal and Child Health pilot project in Serowe with a doctor and staff supported by IPPF. Dr. Marit Kromberg was appointed and has been working in conjunction with the local Government hospital and District Council since May 1969. With the establishment of a national programme, the Government has agreed that IPPF's physician should be based at the Ministry of Health, and that she be an advisor to the Government on family planning, and co-ordinator of training, evaluation and statistics.

The Botswana Government became an affiliate member of IPPF in 1971.

LEGISLATION

There is no anti-contraceptive legislation. Commodities imported for the family planning programme are duty free.

SERVICES

At the end of 1971 over 25 clinics were already offering services. The Serowe clinic recorded 441 new visits and 1,464 revisits in 1970. By far the majority of acceptors chose orals, with the remainder divided between IUDs and injectables. Figures for other clinics are not available, but a target for 1973 has been set to try and have at least 5% of the adult female population using contraception. It is expected that about 80% will use oral contraceptives.

The MCH and family planning clinics offer instruction on nutrition, hygiene, home management and child spacing as well as relevant medical services. Some clinics are able to deal with infertility cases. Contraceptive supplies are now sent direct to the chief pharmacist in the Ministry of Health. Distribution to rural areas remains a problem.

EDUCATION/INFORMATION

An Information and Education Officer is expected to be appointed at a later date, in 1973 or 74. IPPF Regional Office has provided pamphlets in Setswana in 1970 and 71, and stands have been held at agricultural shows in Serowe and Gaberones.

As more and more community centres get facilities for showing films, so it is hoped to build up a stock of family planning films. Until the appointment of an Information and Education Officer, visual aids, books and pamphlets will be the responsibility of a newly appointed Family Welfare Educator Supervisor. Radio will be used to advertise clinic facilities, since radio is likely to reach a much wider audience than any other available media in Botswana at present.

The main work of informing and educating, however, is in the hands of trained family welfare educators. Their work ranges from giving talks to groups of patients waiting at clinics, to house-to-house visiting, and holding of special meetings. Nearly all town and district councils now employ family welfare educators. The Programme budgets for a total of 43 such workers for 1972. Their work will be co-ordinated by the field educator supervisor.

Two seminars will be held during 1972 aimed at relating family welfare and child spacing to the total development of Botswana. The Government has indicated that Zambian observers would be very welcome.

TRAINING

Training was initiated in 1969, when an IPPF training team, consisting of a doctor, social welfare worker and public health nurse, visited many parts of Botswana. IPPF's physician trains paramedical personnel herself, while several nurses have been sent to the Family Welfare Centre, Nairobi, for training. This practice of sending nurses to Nairobi is likely to continue for some time.

More recently, training has been undertaken by the Department of Community Development. During 1970, this Department organized a 2½ month course at Denman Rural Training Centre for 7 Family Welfare Educators and 11 Community Development Assistants. The Department now includes family planning information in all its training programmesfor Government staff and community leaders.

During 1970, also, 5 Health Aides trained for 2 weeks at the Serowe Health Centre. This course was organized in co-operation with the Red Cross, the Central District Council and one of the Government Medical Officers. In addition, 7 staff nurses received a complete MCH/family planning refresher course at the Serowe Centre.

It is planned to continue and expand training in 1972, since the success of the programme depends on the availability of trained staff. Each district branch of the Nurses' Association is to organize regular refresher courses including family planning. 15 Family Welfare Educators are to be trained in 1972 on 2-month courses at Denman Rural Training Centre with 3 weeks of fieldwork. About 10 Health Aides will be trained at local hospitals and clinics for 6 weeks. These Aides will give First Aid and Health Education in rural areas as an important part of the country's MCH programme Refresher courses for Family Welfare Educators will also be held. IPPF will be contributing to most of these schemes.

EVALUATION

It is planned to undertake an evaluation of the whole project as soon as possible. The scheme is the result of a recommendation by the IPPF physician, and will be entirely supported by IPPF.

OTHER ORGANIZATIONS

IPPF provides a grant direct to the Government of Botswana. In 1970, IPPF seconded one doctor, 3 staff nurse/midwives and 8 Family Welfare Educators to work with the MCH and family planning programme.

F.A.O's Project for Better Family Living is to establish projects in Botswana.
DANIDA gave a grant in 1971 for the construction of a training centre.

SOURCES

Europa Yearbook 1971
Africa 71
Botswaba Family Planning Programme 1972 Budget to IPPF.
Botswana Family Planning Programme 1970 Annual Report to IPPF.

Situation Report

Distribution *

Country FINLAND

Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			3,337,009 sq.kms.
Total population	4,030,000	4,446,000	4,630, 000 (1971)
Population growth rate	10.4	7.5	0.3%(1971)
Birth rate	24.5	18.5	13.2 per 1,000 (1971)
Death rate	10.2	9.0	9.9 per 1,000 (1971)
Infant mortality rate	35.4	21.0	12.0 per 1,000 (1971)
Women in fertile age group (15-44yrs)	924,400	923,500	1,039,850(1968)
Population under 15	30.0%	30.0%	24.4%(1971)
GNP per capita	950	1,510	US$2,400(1971)
GNP per capita growth rate	4.4% (1950-59)	3.9% (1960-69)	4.3%(1970-71)
Population per doctor	2,018	1,573	891 (1971)
Population per hospital bed	135	108	90 (1971)

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances. Education is free and compulsory for ages 7 to 15.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

PLANNED PARENTHOOD SITUATION

Advice is widely available throughout the country and specifically through the Central Marriage Guidance Clinic of Väestoliitto.

PLANNED PARENTHOOD ASSOCIATION

Väestoliitto,
The Finish Population and Family Welfare League,
Bulevardi 28,
Helsinki 12.

Chairman: Professor K. Sipponen

ASSOCIATION HISTORY

Väestoliitto is a central association for population and family welfare formed by 21 other associations. It was founded in 1941 with the broad aim of promoting the social and economic welfare of the family. The League was instrumental in introducing family and child allowances in 1943 and 1948. In 1946 Vaestoliitto established the Population Research Institute to further research on which to base proposals for social reforms.

The work of the Marriage and Social Guidance Clinics belongs to the Health Department of Vaestoliitto and is coordinated by a medical board.

Väestoliitto became a full member of the IPPF in 1967.

GOVERNMENT ATTITUDE

The Ministry of Social Affairs and Health is represented on the Vaestoliitto. The strength of Vaestoliitto lies in its independence. It is impartial and the Government has in several cases entrusted it with the administration of legislation connected with family welfare. The Social Guidance Clinics Population Research Institute and training colleges for home sisters are granted state subsides. The Finnish government granted £42,000 to the IPPF in 1971. Finland also contributes to the UN Fund for Population Activities (UNFPA).

LEGISLATION

A new law on abortion came into force in June 1970. Its terms extended the indications for legal abortion to include social grounds. An abortion may now be performed if the woman at the time of conception was under seventeen years of age, or over forty years of age. Contraceptive advice must be given to all those seeking abortion, and an IUD may be inserted free of charge in connection with abortion.

FACTS AND FIGURES

All methods of contraception are available. The most widely used methods are oral contraception and the condom. Most contraceptive advice is given by private physicians. Vaestoliitto itself operates six contraception clinics which were visited by 17,000 people in 1970. Vaestoliitto sells condoms and IUDs to hospitals

The number of legal abortions is reported to have doubled during 1970/71. The number of illegal abortions is thought to be diminishing. The birth rate is stabilizing.

TRAINING

At the Central Marriage Guidance Clinic, lectures are given regularly to students from the State School of Midwifery and from the School of Nursing in Helsinki, as well as to those attending the compulsory refresher courses for midwives and public health nurses. Lectures are also given to the medical students of the University of Helsinki and the School of Hygiene on planned parenthood and the role of the Physician.

RESPONSIBLE PARENTHOOD AND SEX EDUCATION

"Vaestoliitto" publishes a quarterly journal "Physician and Society", which goes to every physician in the country and which contains up-to-date information in the field of planned parenthood. A booklet on modern methods of contraception is distributed throughout Maternal Welfare Clinics, student medical clinics and hospital abortion departments.

"Vaestoliitto" has published sex educational material, including a booklet "Towards Maturity", subsidised by the Ministry of Education. A new subject entitled "Public Responsibility" which includes sex education, is now included in the curricula of the compulsory nine years basic schooling "Vaestoliitto" has participated in family education courses for teachers.

Situation Report

Distribution *

Country GERMAN FEDERAL REPUBLIC Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISITCS	1950	1960	LATEST AVAILABLE FIGURES
Area			247,973 sq.kms.
Total population	47,847,000	52,224,000	59,554,000 (1970 est.)
Population growth rate		1.3	1.0 per 100 (1963-70)
Birth rate	16.5	17.8	13.3 per 1,000 (1970)
Death rate	10.7	11.4	11.6 per 1,000 (1970)
Infant mortality rate			23.5 per 1,000 (1970)
Women in fertile age group (15-44yrs)			11,693,570 (1968)
Population under 15			23%
GNP per capita			US$2,190(1969)
GNP per capita growth rate			3.7%(1961-69)
Population per doctor			580 (1968)
Population per hospital bed			90 (1968)

GENERAL BACKGROUND

The Federal social welfare system includes health insurance and child and maternity allowances. Education and health are the responsibility of the States (Länder). Education is compulsory for ages 6 to 18 and primary education is free.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

PLANNED PARENTHOOD SITUATION

Advice is available from the clinics of the planned parenthood association.

PLANNED PARENTHOOD ASSOCIATION

Pro Familia Deutsche Gesellschaft fur Sexualberatung und Familienplanung, e.V.,
Grosse Bockenheimer Str. 15,
6 Frankfurt/Main 1

President: Professor R. Kepp

ASSOCIATION HISTORY

Pro Familia became a member of the IPPF in 1952.

GOVERNMENT ATTITUDE

The Government is favourably disposed to planned parenthood. The Ministry of Youth, Family and Health has specified a number of fields of activity, including research into the effectiveness of family education and advice, planned parenthood and sex education, and has established working groups to study these subjects.

Funds for development have been set aside for planned parenthood by the Ministry of Economics and the Ministry of Economic Co-operation and assistance to planned parenthood activities in Tunisia is channelled through Pro Familia, IPPF and UNFPA.
Pro Familia has received some Federal and municipal financial support for its work.

LEGISLATION

Abortion is prohibited, except on medical indications. The relevant paragraph (218) of the law is under review and proposals have been submitted to the Ministry of Justice by lawyers and various other organizations. Legislation relating to the sexual penal law is also under review.

FACTS AND FIGURES

The Association has branches in all Länder of the Federal Republic and runs over 30 clinics at which all methods of contraception, except the IUD, are available. The IUD is, nevertheless, offered at some university hospital clinics.

There are two condom manufacturers, one of diaphragms, and several of spermicides and oral contraceptives.

The induced abortion rate probably approximates to one quarter the birth rate.
Pro Familia cooperates closely with the Paritätischer Wohlfahrtsverband and the Paritatisches Bildungswerk, of which it is a member. In addition, Pro Familia works closely with many women"s organisations, as well as with the German Society of Gynaecologists.

TRAINING

The Association trains physicians, nurses and midwives. Some Landes-Arztekammern have arranged planned parenthood courses for physicians in cooperation with Pro Familia in the past.

Other courses have been arranged for administrators and counsellors.

RESPONSIBLE PARENTHOOD AND SEX EDUCATION

Sex education is now obligatory in all secondary schools, and the Federal Ministry of Health has published a Sexualkunde-Atlas intended for use in the school curriculum from the age of 14. Pro Familia is increasingly requested by schools to provide speakers or to lead discussion groups with teaching staff, as well as to organize sex education programmes for schools. Up until now no proper teaching facilities for teaching sex education have been provided.

Pro Familia has a central sex education committee and some sub-branches have established sex education committees.

Pro Familia is a member of the Working Committee on Family Education in the Federal Ministry of Youth, Family and Health.

A publications committee has been established and a quarterly news bulletin, leaflets and posters have been published.

Situation Report

Distribution

Country ITALY

Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			301,225 sq.kms.
Total population	46,769,000	49,642,000	54,300,000 (1970 est)
Population growth rate			0.8%(1970)
Birth rate	18.3	18.3	16.8 per 1,000 (1970)
Death rate	10.3	9.7	9.7 per 1,000 (1970)
Infant mortality rate	66.5	43.9	29.2 per 1,000 (1970)
Women in fertile age group(15-44)			14,000,000 (1970 est)
Population under 15			24%
GNP per capita			US$1,4000
GNP per capita growth rate			4.7% (1961-69)
Population per doctor			615(1969)
Population per hospital bed			100(1967)

GENERAL BACKGROUND

A number of contributory social security schemes cover health insurance and child and maternity allowances for employees and their families in the state and private sectors. Education is free and compulsory for ages 6 to 14.

Planned Parenthood Situation

Planned parenthood advice is available through the centres of Unione Italiana Centri Educazione Matrimoniale Prematrimoniale (UICEMP).

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* This report is not an official publication but has been prepared for informational and consultative purposes.

PLANNED PARENTHOOD SITUATION

Advice is available from the planned parenthood federation centres.

PLANNED PARENTHOOD ASSOCIATION

Unione Italiana Centri Educazione Matrimoniale Prematrimoniale (UICEMP),
Corso Porta Nuova 32,
c/o Unione Famminile Nazionale,
Milan

President: Dr. Luigi Bianchi d'Espinosa

The Federation comprises associations in Bologna, Florence, Milan, Palermo, Rome, Trieste, Turin and Venice.

ASSOCIATION HISTORY

The Federation of the centres in Florence, Milan and Turin was founded in February 1968. The other centres were later accepted as affiliates of UICEMP. The Federation became an associate member of the IPPF in 1969.

GOVERNMENT ATTITUDE

From 1946 and 1968 four bills were presented to Parliament for the repeal of the laws against contraception. The last of these bills, which coincided with the publication of the papal encyclical, Humane Vitae in 1968, followed the recommendation of a committee established by the Minister of Health in 1966. Composed of gynaecologists, lawyers and sociologists the committee had recommended a change in the law and the development of public services in the field of contraception and sex education. Following the ruling of the Constitutional Court in March 1971 (see below) it is anticipated that the government will lend greater support to the provision of contraceptive services and sex education.

LEGISLATION

Article 553 of the penal code relating to publicity for contraception was repealed in March 1971 by the Constitutional Court. The Court declared invalid these laws which prohibited the dissemination of information on contraception and the distribution and sale of contraceptives. Article 552 relating to the provision of advice remains in force although it is under review.

Abortion is illegal except on narrow medical indications.

FACTS AND FIGURES

Since the decision of the Constitutional Court a planned parenthood clinic has been opened in the Institute of Obstetrics and Gynaecology, University of Rome.

All methods of contraception are available. Condoms are manufactured. Injectable medroxyprogesterone acetate (Farlutal Depot) is manufactured. Oral contraceptive sales represent less than 2% of fertile married women. Induced abortion may be of the order of 50 per 100 births.

TRAINING

Medical and parmedical personnel have participated in the IPPF Europe Regional training schemes in London and Ljubljana.

RESPONSIBLE PARENTHOOD AND SEX EDUCATION

As a result of the previously restrictive legislation on contraception, much of the effort of the centres in Italy has been concentrated on education. In addition to the annual sex education course sponsored by the Ministry of Health in Mestre, courses on planned parenthood and sex education are held by all the centres, often with municipal support. Members of the universities are also increasingly lending support to such work. Increasing publicity to sex education is being given by the press, radio and television.

IPPF AID

£12,000 in 1971.

OTHER ORGANIZATIONS

Associazione Italiana per l'Educazione Demografica,
Via Toscano 30,
00187 Rome.

Situation Report

Distribution *

Country LUXEMBOURG

Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,586 sq.kms.
Total population		314,000	360,000(1969 est)
Population growth rate			0.7%(1963-70)
Birth rate	13.9	16.0	15.0 per 1,000 (1971)
Death rate	11.6	11.8	11.2 per 1,000 (1971)
Infant mortality rate	42.6	31.5	17.2 per 1,000 (1971)
Women in fertile age group(15-44yrs)			71,207 (1970)
Population under 15			20%(1970)
GNP per capita			US$2,420(1969)
GNP per capita growth rate			3.3%(1961-69)
Population per doctor			985 (1971)
Population per hospital bed			65 (1971)

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances. Education is free and compulsory for ages 6-15.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

PLANNED PARENTTHOOD SITUATION

Advice is available from the planned parenthood association.

PLANNED PARENTHOOD ASSOCIATION

La Famille Heureuse,
Movement Luxembourgeois Pour le Planning Familial, (MLPF)
3 avenue pescatore,
Luxembourg.

President: Mr. R. Gregorius

ASSOCIATION HISTORY

Founded in 1965 and became a full member of the IPPF in 1971. The Association Centre was officially opened in May 1967.

GOVERNMENT ATTITUDE

Support is given to the MLPF by the Ministry of Family and Welfare and the Ministry of Public Health. The Ministry of National Education has lent support to MLPF sex education activities since the beginning of 1972. The Muncipality of Luxembourg provides an annual grant which pays half the rent of the premises of the Centre.

LEGISLATION

There is no law against contraception. Abortion is prohibited. A number of proposals for amendments to the law on abortion have been tabled.

FACTS AND FIGURES

The MLPF runs a centre and gives advice on all methods. About 80% of those seeking advice came from Luxembourg, and the remainder from the European Economic Community countries and Portugal and Spain. Induced abortion is roughly estimated at 50 per 100 births.

RESPONSIBLE PARENTHOOD AND SEX EDUCATION

The MLPF organises meetings and courses for young people and adults. A number of programmes have been broadcast on the radio and television. The press, with the exception of the Roman Catholic newspaper, is favourable to planned parenthood. At the request of the Government the MLPF will organise a series of lectures for teachers in preparation for the introduction of sex education in primary schools. A request has also been made for MLPF courses in secondary schools.

Situation Report

Distribution

Country MAURITANIA

Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,030,700 sq. kms.
Total Population	800,000	950,000	1,171,000 (1970)1
Population growth rate			2.2% (1963-70)1.
Birth rate			45.1 per 1,000 (1964-1965)2.
Death rate			28 per 1,000 (1965)2.
Infant mortality rate			187 per 1,000(1965)2.
Urban population			6.7% (1965)1
GNP per capita			US $140 (1969)3
GNP per capita growth rate			4.6% (1960-69)3
Population per doctor			30,000(1965)4
Population per hospital bed			3,720 (1965)4

1. U.N. Demographic Yearbook 1970
2. U.N. Demographic Yearbook 1969
3. World Bank Atlas
4. U.N. Statistical Yearbook 1970

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Mauritania became independent in 1960, under the Presidency of Moktar Ould Daddah, who continues in power. Two thirds of the country is desert (Sahara desert) with very little rainfall at all. The area around the river Senegal and its tributaries in the south supports the greatest concentration of population. Several thousand men emigrate to France every year as labourers. The capital, Nouakchott, situated on the coast, has a population of about 22,000.

ETHNIC GROUPS

80% of the population are nomadic Moors. The country's Negro population are mainly sedentry cultivators, concentrated in the south.

LANGUAGE

Arabic is the national language, and French and Arabic official languages.

RELIGION

The population is almost entirely Muslim.

ECONOMY

More than 90% of the population are pastoralists or agriculturalists. The traditional economy of the river region produces millet, dates, and supports cattle and goats. The harsh climate is a serious obstacle to agricultural development in most of the country.

In the 1950s, rich iron ore deposits were discovered in the north of the country, and its exploitation has led to improved economic growth in the 1960s. Copper is also mined, and several other minerals are known to exist. Economic growth at present is entirely confined to this mining sector and its immediate dependencies. Outside mining, there is very little industry at all. In 1968, there were some 20,000 salaried workers, about half of them in the public sector.

Main exports in 1967, in order of importance, were: iron, fish, and gum arabic.

COMMUNICATIONS/EDUCATION

School enrolment 1969: primary - 28,500 secondary - 2,663

About 10% of school age children attend school. Higher education is generally sought abroad. There is a Teacher Training College in Nouakchott. It is estimated that about 10% of the population are literate.

Radio: 51 sets per 1,000 people (1970)
Cinema: 2.5 seats per 1,000 people (1969)

There are no daily newspapersand no television.

There are about 3,000 kilometres of roads, though very little is tarred. Trading ports are Nouakchott and Port Etienne. A 400-mile railway is used mainly for transporting iron ore and water. There are two airports.

FAMILY PLANNING SITUATION

There are no organized family planning activities and the Government is against any attempts to control population growth. Pills are available at a price in drug stores, and the MCH Centre in Nouakchott provides advice on contraception for medical reasons, or on request.

A Mauritanian representative attended the Colloque sur le Planning Familial organized by IPPF in Cotonou, Dahomey, in November 1971. A Mauritanian also attended the Population in African Development Conference held in Accra in December 1971. He was sponsored by IPPF. IPPF's Representative in West Africa, visited Mauritania in November 1971, and is expected to make further contacts.

SOURCES

Europa Year book 1971

Africa 71.

Situation Report

Distribution*

Country NETHERLANDS

Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839--2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			33,612 sq.kms.
Total population		11,480,000	13,100,000(1970)
Population growth rate			1.2%(1970)
Birth rate			17.4 per 1,000 (1970)
Death rate			8.3 per 1,000 (1970)
Infant mortality rate			12.4 per 1,000 (1970)
Women in fertile age group(15-44yrs)			2,685,579(1970)
Population under 15			28% (1970)
GNP per capita			US$1,760(1969)
GNP per capita growth rate			3.1%(1961-69)
Population per doctor			823 (1970)
Population per hospital bed			195 (1970)

GENERAL BACKGROUND

The social welfare system includes health insurance and child maternity allowances. Education is free and compulsory for ages 7 to 15.

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PLANNED PARENTHOOD SITUATION

Advice is available from the planned parenthood association, most University hospital clinics and general practitioners.

PLANNED PARENTHOOD ASSOCIATION

Dr. J. Rutgers Stichting, (RS)
Groot Hertoginnelaan 201,
THE HAGUE

Chairman: J le Poole

ASSOCIATION HISTORY

Pioneer work by the Neo-Malthusian League in the Netherlands began in 1881 and the first clinic was opened in 1892 by Dr. Aletta Jacobs. The League continued until 1940 but was closed during the war. After the war the NVSH, Dutch Society for Sexual Reform was founded. The Society was a founder member of the IPPF.
In 1970 the Dr. J. Rutgers Stichting was founded, which took over the clinic work of the Society and was recognised as a IPPF member, while the Society withdrew as a member.

GOVERNMENT ATTITUDE

The RS is financially supported by the government and municipal authorities. Contraceptive advice is regarded as medical care to which patients, compulsorily insured under the Sickness Fund Act are entitled without extra payment.
Recently the government decided that contraceptives, which needs medical care, will too be available without extra payment for the insurants under the above mentioned act.

LEGISLATION

The law of 1970 permits the display, advertising and sale of contraceptives to minors, including the condom in public vending machines. The legislation and abortion will be liberalised.

FACTS AND FIGURES

The RS has over 60 clinics.

Induced abortions are estimated at between 20,000 and 50,000 annually, compared with 240,000 live births.

TRAINING

The RS runs its own planned parenthood training courses.

Situation Report

Distribution*

Country NORWAY

Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839--2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			324,219 sq.kms.
Total population	3,265,000	3,581,000	3,879,000 (1970 est)
Population growth rate			0.8 per 1,000 (1963-70)
Birth rate	18.7	17.3	16.2 per 1,000 (1970)
Death rate	8.6	9.1	9.8 per 1,000 (1970)
Infant mortality rate	25.7	18.9	13.7 per 1,000 (1970)
Women in fertile age group(15-44)			724,714(1969)
Population under 15			25%
GNP per capita			US$2,160(1969)
GNP per capita growth rate			4.0%(1961-69)
Population per doctor		810(1964)	740(1968)
Population per hospital bed			110(1968)

GENERAL BACKGROUND

The social welfare system includes health insurance and child and maternity allowances. Education is free and compulsory for ages 7 to 16.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

PLANNED PARENTHOOD SITUATION

Advice is available in the public health services and from the planned parenthood association.

PLANNED PARENTHOOD ASSOCIATION

Norske Forening for Familieplanlegging (NFF),
Bru Gt. 1,
Oslo.

Chairman: Dr. L. Wallöe

ASSOCIATION HISTORY

The Association was founded in June 1969 and became an associate member of the IPPF in 1970.

GOVERNMENT ATTITUDE

The Government is favourable to planned parenthood but the extent of availability of services depends on individual attitudes of physicians and midwives.

The NFF has received financial support from the Government and cooperates closely with the Church and Education Department.

The Norwegian Agency for International Development (NORAD) made a grant in 1971 of £323,000 to the IPPF. The Government also contributes to the U.N. Fund for Population Activities (UNFPA).

LEGISLATION

A law of 1960 permits abortion on socio-medical indications, before 12 weeks, and with husband's consent if married.

TRAINING

Medical personnel have participated in the IPPF Europe Regional training scheme.

FACTS AND FIGURES

All contraceptives are available, and orals are manufactured.

RESPONSIBLE PARENTHOOD AND SEX EDUCATION

The revised curricula for compulsory school include sex education. The Association has organized sex education courses for teachers at all levels, and is producing a programme for teachers in cooperation with the University of Oslo. An NFF working group is preparing sex education teaching material for schools.

The health services of Norway have produced a film entitled 'Family Planning and Contraception' which has been released in commercial cinemas.

Situation Report

Distribution *

Country PORTUGAL

Date MARCH 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
AREA			91,971 sq.kms.
TOTAL POPULATION	8,405,000	8,826,000	9,630,000 (1970 est.)
POPULATION GROWTH RATE			0.9% (1963-1970)
BIRTH RATE	24.1	24.2	18.0 per 1000 (1970)
DEATH RATE	12.5	10.8	9.7 per 1000 (1970)
INFANT MORTALITY RATE	89.1	77.5	58.0 per 1000 (1970)
WOMEN IN FERTILE AGE GROUP (15-44 yrs)			2,052,200 (1969)
POPULATION UNDER 15			29%
GNP PER CAPITA			US $510 (1969)
GNP PER CAPITA GROWTH RATE			4.9% (1961-69)
POPULATION PER DOCTOR			1190 (1969)
POPULATION PER HOSPITAL BED			170 (1968)

GENERAL BACKGROUND

There is a state social welfare fund. Health services are usually covered by private insurance organizations. Education is free and compulsory for ages 7 to 14.

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*This report is not an official publication but has been prepared for information and consultative purposes.

Planned Parenthood Situation

Planned parenthood advice is available from the Planned Parenthood Association centres and at the University Hospital in Lisbon.

Planned Parenthood Association

Associacao paro o Planeamento da Familia (APF),
Rue Artilharia Um, 38-2°, Dto.,
Lisbon 1

President: Professor A. Torres Pereira

Association History

The APF was founded in July 1967, and became an associate member of IPPF in 1971.

Government Attitude

The Association was founded with the official approval of the Ministry of Health, which also made a grant available for its establishment. The Ministry has authorized the establishment of clinics in MCH centres belonging to the Maternity Institute.

Legislation

There is no law against contraception. Abortion is prohibited.

Facts and Figures

The APF has branches and clinics in Lisbon, Porto and Funchal. All contraceptives are available. There is thought to be a high incidence of induced abortion.

Training

Medical and paramedical personnel have participated in the IPPF Europe Regional training scheme. Groups of nurses and social workers have attended lectures and film showings at the Lisbon Centre. Planned parenthood is included in the teaching in the Public Health Department of the medical faculty, University of Lisbon.

IPPF Aid

£4,000 in 1971.

Situation Report

Distribution *

Country PUERTO RICO

Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839—2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			8,897 sq.kms.
Total population	2,210,703	2,348,544	2,689,932 (1970)
Population growth rate		1.6%(1958-61)	1.7%(1963-70)
Birth Rate	36.6 (1950-4)	31.7	26.2 per 1,000 (1969)
Death Rate	9.0 (1950-4)	6.7	6.6 per 1,000 (1969)
Infant mortality rate	64.4 (1950-4)	43.3	28.2 per 1,000 (1969)
Women in fertile age group (15-44 yrs)	469,407	481,694	589,200 (1968)
Population under 15 yrs	43.0%	43.0%	38.0%(1968)
Urban population		43.9%[1]	47.6%(1970)[1]
GNP per capita			US$1,410(1969)[2]
GNP per capita growth rate			6.0%(1960-69)[2]
Population per doctor			1,010(1968)[3]
Population per hospital bed			210(1967-68)[3]

Unless otherwise stated the source for this table is the United Nations Demographic Yearbook.

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1. United Nations Monthly Bulletin of Statistics, November 1971
2. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1971.
3. United Nations Statistical Yearbook, 1970.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

Since 1952 Puerto Rico has been a free associated state of the U.S.A. Its citizens are U.S.A. citizens, do not pay Federal taxes, are subject to the military draft, and have free entry rights into the U.S.A. During the 1950s, emigration was a factor restraining the island's population growth and it is estimated that 430,000 emigrants went to the U.S.A. in the period from 1950 to 1959. Since 1960 emigration has fluctuated and an increasing number of islanders have returned in response to the growing economic opportunities at home, resulting in a net inflow of migrants. The statistics on page one illustrate these fluctuations. At the present rate of population growth the island's population will double within 50 years.

Population density is high - 319 persons per square kilometre in 1970 - and urbanization is taking place at an increasing speed as the island industrializes. In 1970 the capital, San Juan, had 455,421 inhabitants.

Puerto Rico's living standard is one of the highest in the Western Hemisphere outside the North American mainland. The high per capita annual income is the result of industrially based development, stimulated by U.S.A. subsidies, tax remissions and allowances, and patronage by Federal Departments. Despite economic progress unemployment remains a problem and is estimated at about 10 - 13% of the total labour force.

Ethnic

The majority of the population are of Spanish descent. A small percentage are descended from the Negro slaves of the 17th and 18th centuries.

Language

There are two official languages, English and Spanish.

Religion

The majority of the population are Roman Catholic.

Economy

Following the intensive Government-sponsored industrialization programme, and with the assistance of the island's privileged tax position the economy has changed from an agricultural to a mixed one. The chief agricultural exports are sugar, tobacco and coffee. Industry now provides a high percentage of income and exports, the chief products being textiles, clothing and petroleum. Over 50% of industry is owned by U.S.A. capital interests. Income from tourism is growing rapidly.

Communications/Education

There are no railways but the island is well served by roads, internal and internationsl air services, and by ports.

There are four daily newspapers and fourteen other journals and periodicals. The literacy rate is high (an estimated 80% in 1970) and readership extensive. Several U.S.A. publications are widely

read. There are 68 commercial radio stations and 13 commercial television stations, as well as an educational radio and television network run by the Department of Education. In 1969 there were 1.6 million radio and 410,000 television receivers.

Education is compulsory from the ages of six to sixteen years. Over 90% of pupils attend the free public schools. Instruction is in Spanish but English is a required subject at all levels. Approximately 33% of the annual budget is devoted to education.

There is one state university and four private universities and colleges.

Medical/Social Welfare

Public health services are organized under the Secretary of Health and the Department of Health. By 1968 free health services were provided for about 60% of the total population. The general level of health is high and life expectancy has risen to 70 years. In 1968, 47 of the 76 municipalities provided integrated health and welfare services through health centres. In those without, centres, medical care is provided by the municipality in cooperation with the Department of Health.

In 1968 maternal and child health care was provided at 76 centres and approximately 95% of all births were attended by a doctor or a qualified midwife in a hospital or at home.

Puerto Rico is included in the social security system of the U.S.A. It also has a system of its own covering health, accident, disability, and unemployment. A high percentage of the budget is spent on social welfare and public health.

II. FAMILY PLANNING SITUATION

Private family planning activities have been carried out in Puerto Rico since the 1920s. As well as pioneering the organization of services the present private family planning association, and its various predecessors, has completed important research programmes into contraceptive methods. Government activities began in 1965 and since 1970 private and official family planning programmes have been integrated.

Puerto Rico is covered by the provisions of the U.S.A. Family Planning Services and Population Research Act of 1970, enabling the Federal Government to make formula grants to states for family planning services; Puerto Rico is defined as a state.

Attitudes

For many years the Government of Puerto Rico remained largely indifferent to family planning, without actually opposing private activities. In 1970, however, Governor Ferre announced official support for the programme, and recommended to the legislature that in view of the island's rapid population growth family planning programmes should be extended to cover the whole island and that they should be administered by the Departments of Health and Social Service.

The strong opposition from the Roman Catholic Church in the past took organized political form in 1960. With the support of the Bishops the Christian Action party was formed and fought the election, but

it failed to gain more than 7% of total votes. By 1970 the Government's relationships with the hierachy had improved and Catholic opposition had virtually disappeared. In February of that year the Catholic Bishops issued a statement supporting the Government's family planning policy, provided only that no coercion is used and that the decision on family size and on the use of contraceptives is left entirely to the individual.

Legislation

By Laws passed in 1937: i) the provision of information on, and supplies of, contraceptive materials became legal, and ii) sterilization became legal on not only medical but also socio-economic grounds. Abortion is illegal. Imprisonment of 2 to 5 years is the penalty for procuring an abortion unless it is carried out to save the woman's life.

Family Planning Association

History

Private family planning activities preceded by several years the formal organization of the Family Welfare Association of Puerto Rico in 1954. The family planning movement was initiated in 1925 with the foundation of the Ponce Birth Control League, but both this and a subsequent effort to provide services failed through lack of public support and opposition from the Roman Catholic church.

In the depression of the early 1930s provision of birth control services was renewed through Federal Relief programmes, in particular under the sponsorship of the Puerto Rican Emergency Relief Administration. By 1936 contraceptive services were being provided in 67 maternal health clinics. However the Federal Government terminated the programme early in 1937.

After the withdrawal of Federal help a local group formed the Maternal and Child Health Association of Puerto Rico with financial support from a North American philanthropist. Pressure from this group helped to pass the liberal legislation of 1937 which gave a major impetus to the family planning movement. By 1940 the Association was financing and operating 22 clinics; and with the help of the then Commissioner of Health the programme was integrated with official maternal and child health activities. After initial and very encouraging expansion the official programme almost disappeared as new Commissioners held office who were uninterested in a birth control programme.

However private initiative was maintained and led to the foundation in 1946 of the Puerto Rican Association of Population Studies. Its members included academics, civic leaders and government officials, and its aim was the education of the public on the problems of population. These educational activities were expanded to include a programme of direct action in 1954, when the Family Welfare Association was set up on the basis of the former Association.

Since 1954 the Association has expanded its educational and clinical activities, with financial help from the IPPF, from the Sunnen Foundation which donated approximately one million U.S. dollars between 1956 and 1965, and from the Federal Office of Economic Opportunity, which provided over two million U.S. dollars between 1966 and 1969.

The Association has been a member of the IPPF since 1954 but no longer receives financial assistance from the Federation.

Address:

Asociacion Puertorriquena pro Bienestar la Familia,
Calle Arzuaga 166,
Apartado 21051,
Río Piedras,
Puerto Rico, 00928.

Personnel:

President: Sr. Rafael Menéndez Ramos
Executive Director: Sra.Juanita Soegaard Matta
Director of Education: Sr.Héctor García Cabrera

Services

In 1966 the Office of Economic Opportunity of the U.S.A. approved the establishment of a Family Planning and Maternal Health project. The Association received financial support to enable it to provide services in 60 of the municipalities. The local Government was made responsible for services in the remaining 16 municipalities.

From 1966 to the end of 1967 the number of patients seen by Association staff within the project tripled, and during 1967 the clinics' opening hours were considerably expanded with the help of volunteer assistants to meet the increasing demand. By December 1967 the number of patients being served was 30,894 of whom 20,291 chose oral contraceptives and 3,727 chose the IUD.

By the end of 1970 there were 62 clinics offering family planning services, many situated in general health centres or in hospitals. During that year 8,353 new acceptors joined the programme and there were 185,274 follow-up visits. The total number of acceptors in the programme at the end of 1970 was 44,685. The oral continued to be the most popular method although all contraceptive m ethods including rythm are available. Each client is given a pelvic examination and a smear test.

While the programme was financed by the Sunnen Foundation, the Association advised patients on sterilization and subsidized the operation when necessary. From 1956 to the end of 1965, a total of 10,921 operations was carried out of which 3,011 were vasectomies![1] After 1965, with the financing of the programme from Federal funds, this policy was discontinued.

The level of sterilization among women of the age group 20 to 49 years is high; in 1965 it was estimated that approximately 34% of this group had been sterilized and that the average age for the operation was 26 years.[2]

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1. Asociación Puertorriqueña Pro Bienestar de la Familia, Report for the period September 1, 1964- August 30 1965.
2. Harriet B. Presser, The Role of Sterilization in Controlling Puerto Rican Fertility, Population Studies Vol. XXIII, No.3, November 1969.

Education/Information

An intensive educational campaign was organized by the Association in 1966 to support the initiation of the Family Planning and Maternal Health project. It was developed at national level, through films and meetings, and at local level where the Association's staff contacted all influential officials and community leaders. Wide cooperation was gained for the project; for example 26 municipalities agreed to provide free accommodation for the clinics. In subsequent years educational activities declined both through lack of funds and staff and as the need to motivate new patients became less urgent.

In 1969 the Association recruited an expert in health education to organize an educational programmed focussed on Puerto Rico's population problems and on the need for family planning services. He was responsible for the organization of a library service in the municipalities, and of local committees.

A monthly news letter is published: "La Voz de la Asocia ión Puertorriqueña pro Bienestar de la Familia."

Training

The Association provides training for the doctors who cooperate with the project, and for the area supervisers. In 1970 family planning training was also organized for a wide sector of the community including nurses, health, social and community workers, officials and labour leaders.

Research

Since its organization the Association has collaborated in, or carried out directly several research projects. The first long-term study of oral contraceptives was carried out in Puerto Rico under the direction of Dr. G. Pincus of the Worcester Foundation for Experimental Biology, Mass., U.S.A. The project started in 1954 and together with other studies of orals and their effects, has made a major contribution to the development and use of the pill. A vasectomy study has also been carried out. Finance for research has been received from the Worcester Foundation for Experimental Biology, the Ford Foundation and the Sunnen Foundation.

Government

Services

In 1965 the Government of Puerto Rico established a family planning programme in the 16 municipalities in the North-East Region of the Department of Health, a region that includes the capital, San Juan. Clinical services are integrated into the regularly held post-partum clinics. From its initiation until 1968 the Government programme attended 27,352 patients, the majority of whom chose orals or the IUD. The injectable method is also offered.

Education/Information

The Government has not carried out mass information and education campaigns, leaving such work to the private Association, or to other social, community or religious groups.

Training

The topic of family planning has been introduced into medical education, in particular into the courses of maternal and child health in the School of Public Health. The staff working within the family planning programme have received the necessary training as part of their normal course work.

Since the announcement in July 1970 of the integration of private and official family planning programmes, work has begun on drafting a general plan in cooperation with the Department of Health and Social Services. Funding is expected from the Federal Government.

Sources

- Asociación Puertorriqueña Pro Bienestar de la Familia, Report by the Executive Director to the Members,January 1 - December 31, 1967.
- _____, A Survey published September 1969.
- _____, Reporton Medical and Clinical Activities in 1970 submitted to the IPPF.
- _____, 'La Voz de la Asociacion Puertorriqueña Pro Bienestar de la Familia'.
- José L. Vásquez Calzada et.al., La Situación Poblacional en Puerto Rico, proceedings of the Segundo Diálogo de Población organized by the University of Puerto Rico, the University of Cornell, and the Population Council, in Puerto Rico, December 1968.
- Fourth Report on the World Health Situation 1965 - 1968. Official Records of the World Health Organization, No. 192. WHO Geneva, June 1971.
- The Europa Year Book, Vol.II. 1971.

Situation Report

Distribution *

Country SWEDEN

Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			449,793 sq.kms.
Total population	7,014,000	7,480,000	8,046,000(1970est)
Population growth rate			0.8%(1963-70)
Birth rate	15.5	13.7	13.6 per 1,000 (1970)
Death rate	10.5	10.0	9.9 per 1,000 (1970)
Infant mortality rate			13.1 per 1,000 (1970)
Women in fertile age group(15-44yrs)			1,564,541 (1969)
Population under 15			21%
GNP per capita			US$2,920(1969)
GNP per capita growth rate			3.4% (1961-69)
Population per doctor		950(1963)	800(1968)
Population per hospital bed			70(1968)

GENERAL BACKGROUND

The social welfare system includes health insurance, child and maternity allowances as well as paid maternity leave. Education is free and compulsory for ages 7 to 15.

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*This report is not an official publication but has been prepared for informational and consultative purposes.

PLANNED PARENTHOOD SITUATION

Planned parenthood advice is available throughout the public health services.

PLANNED PARENTHOOD ASSOCIATION

Riksförbundet för Sexuell Upplysning,(RFSU)
Box 17006 Rosenlundsgaten 13,
Stockholm 17,
Sweden.

Past President: Mrs. Elise Ottesen-Jensen, M.D. (Hon.)
(IPPF President Emeritus)

President: (Acting) Mr. C.A Nycop

ASSOCIATION HISTORY

Mrs Elise Ottesen-Jensen began campaigning for planned parenthood facilities in 1932 and the RFSU was formed in 1934. It is a founder member of the IPPF.

GOVERNMENT ATTITUDE

The government is wholly favourable to planned parenthood. RFSU receives grants from the Government and the City of Stockholm.

The Government through the Swedish International Development Authority (SIDA) was the first to give financial support to the IPPF. SIDA has a well established planned parenthood research section, and provides bilateral aid to a number of countries as well as through the IPPF (£417,000 in 1971). Sweden also contributes to the UN Fund for Population Activities (UNFPA).

LEGISLATION

There is no law against contraception although in 1970 a regulation was approved allowing the unrestricted sale of condoms and spermicides. The law on abortion is expected to be liberalized following the recommendations of the Parliamentary Commission on abortion.

FACTS AND FIGURES

RFSU runs three clinics, two in Stockholm and one in Gothenburg. All imported condoms (none are manufactured)must be tested by one of two governmental testing laboratories. During 1970 condom consumption increased by 15%. RFSU sales organization sells condoms and other articles through about 3,000 outlets.

TRAINING

RFSU has formally approached the National Board of Health, requesting that instruction in contraceptive methods should be compulsory in the training of medical students. Medical and social work personnel attend lectures.

RESPONSIBLE PARENTHOOD AND SEX EDUCATION

RFSU has always been in the forefront of responsible parenthood and sex education. As well as organizing courses, discussion groups, etc., in sexology for medical and paramedical personnel and for professional groups, RFSU publishes numerous pamphlets, booklets and paperbacks on contraception and sex education, and provides lectures for schools.

The State Commission on Sex Education has published 5 reports: on Sexual Life in Sweden; the current status of sex education in schools; sexual knowledge at gymnasium level; knowledge of teachers in the 9th grade of comprehensive school; sexual knowledge at the lower and intermediate stage of comprehensive schools. The Commission has also published 'Sexuality and Personal Relations' which is intended as a guideline for teaching sex education in schools. The publications as a whole form the basis for a revised teachers manual on sex education.

RFSU has cooperated with the national committee for Educational TV and Radio on a course on applied psychology entitled "This is About You" and in this connection published jointly with a publishing company a book with the same title.

RFSU conducts regular courses to inform journalists and radio/TV reporters.

RFSU has also conducted a weekly advice column in a national paper.

RFSU has conducted a widespread compaign against gonorrhea advocating the use condoms.

Situation Report

Distribution *

Country TANZANIA

Date April 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			945,087 sq. kms
Total Population	8,005,000	9,981,000	13,273,000(1970)1
Population growth rate			2.6%(1963-70)1
Birth rate			47 per 1,000(1967)1
Death rate			22 per 1,000(1967)1
Infant mortality rate			160-165 per 1,000 (1967)1
Women of fertile age (15-49)			2,855,000(1967)1
Population under 15			44.4% (1967)1
Urban population			5.5% (1967)1
GNP per capita			US $80 (1968)2.
GNP Per Capita growth rate			1.6%(1960-69)2.
Population per doctor		20,000(1964)	23,170 (1969)3
Population per hospital bed			700(1969)3.

1. United Nations Demographic Yearbook 1970
2. World Bank Atlas
3. United Nations Statistical Yearbook 1970

This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Tanganyika became independent in December 1961, and in 1964 signed an Act of Union with the island of Zanzibar, to become the United Republic of Tanzania, under the Presidency of Julius Nyerere. The 1967 Arusha Declaration, outlining a programme of self-reliance and socialism, forms the basis of policy. Policy objectives include attempts to stem growing urbanisation by developing rural areas and changing the emphasis of education. Between 1960-70 the annual urban growth rate was estimated to be 7.8%. The capital, Dar es Salaam, was estimated to have a population of 353,000 in 1970.

ETHNIC GROUPS

There are some 140 different tribes, the largest ones being the Sukuma (13%), Nyamwezi, Ha, Makonde, Chagga, Haya and Gogo. About 8% of the population is of Asian origin.

LANGUAGE

The national language is Swahili, with English as the second language. Each tribe has its own language or dialect.

RELIGION

There are large Christian (all denominations) and Muslim groups.

ECONOMY

The economy is based mainly on subsistence agriculture. About 80% of exports are agricultural products. Total wage employment in 1969 was estimated at only 450,000, of which 31% were employed on large agricultural estates. The industrial sector is small, accounting for 7.6% of GDP. There are small food processing, textile and shoe industries. There is a large cigarette factory, a small chemical plant and a cement works in the Dar es Salaam area and an electronic factory in the north of the country.

Together with Kenya and Uganda, Tanzania is a member of the East African Economic Community.

At the beginning of the 1960s exports were heavily dependent on sisal and coffee, but some diversification has taken place in recent years. Main exports in 1967, in order of importance, were: cotton, coffee, diamonds, sisal, cashew nuts, cloves, meat and meat products, oil seeds, tea and hides and skins,

COMMUNICATIONS/EDUCATION

Radio - 53 sets per 1,000 population (1970)
Cinema - 1.05 seats per 1,000 population (1970)
Newspapers - 3 copies per 1,000 population (1970)

There are two Swahili and 2 English daily papers. There is no television. Broadcasting is in both English and Swahili.

+ TANU, the Tanganyika African National Union, is the country's sole political party.

Railways and harbours are administered jointly with Kenya and Uganda. Main harbours are Dar es Salaam and Tanga. A new anchorage is being built in Dar es Salaam for giant oil tankers. A railway link with Zambia is in the process of construction, and the road link is also being improved. A second international airport recently opened near Moshi in northern Tanzania.

School Enrolment 1967: primary 825,000 secondary 32,276.

The 1967 census showed that there were places for 47% of 7 year-olds in primary schools. The University of Dar es Salaam (it received separate University status in 1970) was attended by 1,194 students in 1970. Adult education has recently been given strong emphasis in an effort to eliminate illiteracy, which was estimated at about 90% in the late 1960s. The second Five Year Development Plan aims to abolish illiteracy by 1974.

MEDICAL

There is one medical school in Dar es Salaam. Hospitals and health centres are run by state and Christian missions. Expectation of life at birth was estimated in 1967 to be 40-41 years.

FAMILY PLANNING SITUATION

Family planning services in Tanzania are provided by the Family Planning Association of Tanzania (FPAT) in its own clinics and in Government and mission hospitals and health centres throughout the country. A total of 110 clinics were operating in March 1972. The work of the Association does not extend to Zanzibar.

HISTORY

The Family Planning Association of Dar es Salaam was founded in 1959, and changed its name to the Family Planning Association of Tanzania in 1967. In the early years the Pathfinder Fund provided support. IPPF began giving financial assistance in 1965 when the first up-country clinics were opened. The Association became an IPPF member in 1969.

Government Attitude

In 1969 the Government included family planning as part of mother and child health in its second Five Year Development Plan (1969-74) and gave permission for district medical officers to include family planning in general health services. The results of the 1967 census had shown that the population was 2,250,000 larger than expected (a growth rate of 2.2% rather than 2.7% had been assumed) and this caused Government concern. The Government does not give financial assistance to the Association, but has granted duty free status to all commodities supplied to FPAT, and adopts a generally favourable attitude towards its work. Political attitudes in Zanzibar are opposed to family planning.

Legislation

Zanzibar prohibits the import of contraceptives, and strictly enforces the law which makes abortion illegal. Abortion is also illegal on the mainland, except where there is a grave risk to the life of the mother.

FAMILY PLANNING ASSOCIATION ADDRESS

Chama cha Uzazi Bora cha Tanzania (Family Planning Association of Tanzania)
P.O. Box 1372
Dar es Salaam. Tel: 28322

PERSONNEL

Chairman	- Dr. S.J. Mamuya
Executive Secretary	- Mrs. Christina Nsekela
Non . Treasurer	- Mr. Stephen Ndimbo
Information and Education Officer	- Mr. Yusuf Halimoja
Administrative Officer	- Mr. A.M. Rajan
Training Programme Secretary	- Mrs. Mtawali

SERVICES

By March 1972, a total of 110 clinics were providing family planning services throughout the country. Of these, 4 clinics in Dar es Salaam, including a mobile clinic, are run by FPAT staff. Remaining clinics are operated in Government and voluntary agency hospitals, and the role of the Association is to advise, equip, train staff and supply contraceptives. FPAT has established 15 branches throughout the country.

Statistics from up-country clinics are not readily available, but figures for 1970 cover 10 clinics and show a total of 20,662 family planning clients, of which 7,094 were new acceptors. Most clients chose the pill, followed by the IUD and other methods. 170 new 3-monthly injections were given, and a small number of sterilizations performed. Association clinics also deal with infertility cases do some cancer detection tests, gynaecological examinations, and marriage guidance counselling. Since May 1971, all contraceptives are offered free of charge.

It is expected to expand clinic staff in 1972 with the addition of 2 clinic nurses. It is also hoped to appoint a medical advisor.

EDUCATION/INFORMATION

An Information and Education Officer was appointed in 1970, and has attended international communications workshops in Teheran and Accra, in June and November 1970 respectively, and the workshop for Information and Education Officers held at IPPF Central Office, London, in March 1972. He spends about a third of his time travelling round the country. In October 1970, he was responsible for organizing the first family planning exhibition, which received support from the Union of Women of Tanzania, TANU (the Party) and the Government. The success of this exhibition encouraged the Association to plan 7 more for 1972. FPAT also exhibited at the country's Tenth Independence Anniversary Celebrations in December 1971.

A family planning conference was held in Dar es Salaam in March 1970, attended by 38 participants from different parts of the country. It is hoped to hold several seminars in up-country areas during 1972 in order to facilitate communication between family planning workers in different areas.

The Association has produced a large amount of literature - pamphlets, posters and a newsletter. In 1970, nearly 100,000 leaflets, mainly in Swahili, were produced and distributed. Many thousands of stickers were also distributed. Advertisements appeared in the press, and 6 programmes prepared by the association were broadcast on Radio Tanzania. Films were frequently shown by the Information and Education Officer during his talks. FPAT hopes to expand its film library in 1972, while there are plans to shoot a 30-minute Swahili film explaining the benefits of family planning. This will be done in co-operation with the Tanzania Film Unit.
During 1972, the Information and Education Officer plans to make a start in expanding educational work into the field of youth.

Fieldwork

By March 1972, a total of 15 health educators were employed by the Association, including one man doing motivational work in factories in Dar es Salaam. 10 are based in Dar, and 5 up-country. Fieldworkers do motivational work principally by addressing groups of people, for example at Women's meetings or MCH centres. Though employed by the FPAT, health educators are under the day-to-day supervision of the particular clinic Medical Officer.

It is hoped to increase the number of health educators working in the regions to 20 during 1972. It is intended that future recruits will be nurse/midwives so that health educators will be able to act as clinic nurses in areas where few clinics are held.

TRAINING

Since its establishment, the Association has done ad hoc training by assisting in courses for medical students at the Medical School and various voluntary agency hospitals. Members of FPAT staff have attended training courses in Nairobi.

At the end of 1970, 3 one-week courses were held, and in 1971 these were continued as two-week courses. These courses have paved the way to a more systematic training programme, aimed at catering for increasing specialization of function among family planning workers. Training is to be emphasised in 1972, and will cover doctors, nurses, fieldworkers, and more particularly, part-time family planning nurses. It is proposed to run 10 two-week courses, each for 10 students, while an extra two weeks will be given to those students who will be working in remote areas with little supervision by doctors. A total of 100 nurses will be trained, 60 on two-week courses and 40 on four-week courses. Fieldworkers will attend a modified nurse/midwife course for 2 weeks.

At present the Training Programme Secretary, Mrs. Mtawali, has 2 assistants. It is intended that the work of the training department will eventually come under the general supervision of a Medical Officer.

The Government's Five Year Plan includes the construction of a public health training centre, and the Government has indicated that facilitées of this centre could be made use of for more extensive family planning training courses.

EVALUATION

An evaluation study is being carried out with the help of students from the University. The study seeks to survey the pattern of use of different contraceptive methods, and the reasons for discontinuation. The survey, may be extended to up-country areas during 1972.

FUND RAISING

An initial fund raising event was held during 1971, and it is planned to continue in 1972 with possibly a football match, film shows and a raffle.

OTHER ORGANISATIONS

IPPF gives an annual grant to FPAT.

Population Council has provided a demographer, Mr. R.A. Henin, to work at Dar es Salaam University for 2 years in order to help evaluate data collected in the 1967 census.

SOURCES

Europa Yearbook 1971

Africa 71

Annual Report for 1970 of the Family Planning Association of Tanzania

1972 budget of the Family Planning Association of Tanzania

Demographic Information in Tanzania - background paper distributed at the 'Population in African Development' Conference, Accra, December 1971.

Situation Report

Distribution *

Country: YUGOSLAVIA

Date: APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			255,804 sq.kms.
Total population	16,346,000	18,402,000	20,554,000(1971)
Population growth rate			1.1%(1963-70)
Birth rate	28.8	23.5	18.0 per 1,000 (1971)
Death rate	12.4	9.9	8.6 per 1,000 (1971)
Infant mortality rate			49 per 1,000 (1971)
Women in fertile age group(15-44yrs)			4,833,000 (1971)
Population under 15			27%(1971)
GNP per capita			US$660 (1971)
GNP per capita growth rate			4.9%(1961-68)
Population per doctor			870 (1970)
Population per hospital bed			186 (1970)

GENERAL BACKGROUND

Yugoslavia is a Socialist Federal Republic, made up of six republics and two autonomous provinces. The social welfare system includes health insurance and child and maternity allowances, as well as paid maternity leave. Education is free and compulsory for ages 7 to 15.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

PLANNED PARENTHOOD SITUATION

Advice is widely available throughout the country.

PLANNED PARENTHOOD ASSOCIATION

Federal Council for Family Planning (FCPP)
Bulevar Lenjina 6,
Belgrade.

President: Mrs. Vida Tomsic

ASSOCIATION HISTORY

Full member of IPPF in 1971.

GOVERNMENT ATTITUDE

In 1969 a resolution on Family Planning was adopted by the Federal Assembly. A joint commission has been established to keep the government directly informed about the implementation of the resolution. The Federal Council for Family Planning is a coordinating body in which there are representatives of the Federal Secretariat for labour and social policy.

LEGISLATION

There is no law against contraception. The Federal Assembly adopted a resolution on Family Planning in April 1969. A revised law allowing abortion on more liberal grounds was also adopted in April 1969. Draft laws have been prepared by the republics and autonomous provinces. The law has so far been adopted in one of the republics.

A Federal Resolution adopted in September 1969 provides for compulsory sexual education as an integral part of the education system. The law on the health protection of the population includes a provision on the prevention of unwanted pregnancy which obliges physicians to offer contraceptive advice.

FACTS AND FIGURES

Contraceptive advice is available from about 500 units within the health service. All types of contraceptives except caps are manufactured.

TRAINING

The Family Planning Institute at Ljubljana University organises 8-day theoretical and practical training courses for physicians, nurses, midwives, and social workers. A number of physicians from countries in the Europe Region received training at the Institute, whose course forms part of the Regional training scheme.

At the Yugoslav Red Cross High School for Nurses, there is regular tuition in the theory and practice of planned parenthood. Planned parenthood is included in the curricula of all 8 universities and courses are also included in schools for nurses, and schools for midwives. The Federal Institute of Health Protection has established a series of planned parenthood courses which physicians are expected to attend. Postgraduate courses for social workers in maternal and child health include lectures on planned parenthood.

RESPONSIBLE PARENTHOOD AND SEX EDUCATION

Educational programmes on planned parenthood are broadcast frequently on radio/television. The press increasingly carry articles on the relationship between the sexes, and their roles. Planned parenthood education is given at workers' and peoples' universities for young people and adults.

Preparations are being made for regular seminars at the Federal Institute of Schooling for teaching staff, to train them to work in sex education in schools. In this connection, a handbook for teachers is being written.

Situation Report

Distribution *

Country ZAMBIA

Date APRIL 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839—2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			752,614 sq. kms
Total population	2,440,000	3,220,000	4,295,000 (1970)1
Population growth rate			3% (1965-70)1
Birth rate			49.8 per 1,000 (1965-70)1
Death rate			20.7 per 1,000 (1965-70)1
Infant mortality rate			259 per 1,000 (1965-70)1
Women of fertile age (15-44)			808,406 (1963)2
Population under 15			44.4% (1963)2.
Urban population			26.3% (1970)3
GNP per capita			US $290 (1969)4
GNP per capita growth rate			5.4% (1960-69)4
Population per doctor			16,100 (1967)5
Population per hospital bed			340 (1967)5

1. UN Demographic Yearbook 1970
2. UN Demographic Yearbook 1969
3. Kingsley Davis World Urbanisation 1950-70
4. World Bank Atlas 1971
5. UN Statistical Yearbook 1970

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Zambia has been an independent republic within the British Commonwealth since 1964. Dr. Kenneth Kaunda has been President since the country's independence, and leader of the ruling United National Independence Party.

The two main centres of population are the copper-belt, where more than a quarter of the population live in its 6 main towns, and the area round Lusaka, the capital city. Lusaka has a population of about 250,000.

ETHNIC GROUPS

There are over 70 different tribes. Some of the larger ones are the Bemba, Lozi, Lunda, Lovale, Ngoni, Chewa and Nsenga. There are Asian and European minorities.

LANGUAGE

English is the official language, but many tribal languages are spoken.

RELIGION

Most Africans follow traditional beliefs. About 20% of the population are Christians, both Protestant and Roman Catholic.

ECONOMY

Thanks largely to copper, the Zambian economy has been one of the richest and fastest growing of sub-Saharan Africa. Copper dominates the economy, accounting for 97% of domestic exports in 1969. In that year Zambia was the world's third largest copper producer.

Agriculture has been slow to develop, partly as a result of progress in the urban sector which has encouraged young people to go to the towns. More than 70% of the population live in rural areas. Most of the country's electric power comes from the Kariba Dam from installations on the Rhodesian side of the Zambesi. Future needs will increasingly be met by the all-Zambian Kafue Dam.

Political problems in neighbouring Rhodesia have had repercussions on the Zambian economy. A land-locked country with traditional links to the sea through Rhodesian territory, UDI necessitated the establishment of new exit routes for Zambia costing many millions of pounds. A railway joining Zambia with Tanzania is in the process of being constructed, and the road connection is also being improved. A road link with Botswana is also to be constructed..
Main exports in 1969 in order of importance were: copper, zinc, lead, cobalt, tobacco, timber.

COMMUNICATIONS/EDUCATION

Radio:	85.3 sets per 1,000 people (1970)
Television:	50 sets per 1,000 people (1970)
Cinema:	3.5 seats per 1,000 people (1970)
Newspapers:	11.6 copies per 1,000 people (1970)

School enrolment 1969-70 primary: 621,500 secondary: 48,000
university 1968: 948

As well as the University of Zambia, there are teacher training and technical colleges. English is to become the medium of instruction in all schools.

MEDICAL

A School of Medicine is attached to the University of Zambia.

FAMILY PLANNING SITUATION

A family planning association, the Family Planning and Welfare Association of Zambia, was established in September 1971, and is in the process of commencing its programme.

Family Planning services are available from individual doctors and from a number of hospitals throughout the country. A family planning clinic recently started at the University Teaching Hospital.

GOVERNMENT ATTITUDE

In recent years Government attitude towards family planning has gradually changed from outright opposition to a much more favourable position, although no official statements have been made.

LEGISLATION

There is no anti-contraceptive legislation. Abortion is illegal except in cases where there is a grave threat to the life of the mother.

FAMILY PLANNING ASSOCIATION ADDRESS

Family Planning and Welfare Association of Zambia
P.O.Box 6164,
Ndola.

PERSONNEL

President	- Mr. R.B. Lukutati
Vice-President	- Mrs. Sophia Masaninga
Executive Director	- Mrs. Rachel Lumpa
Treasurer	- Mr. R. Kandeo

SERVICES

The initial work of the Association will be confined to Ndola and Lusaka, but it is hoped to extend in 1973 to Livingstone and some rural areas.

A clinic recently started at the University teaching hospital and is being made available to the Association. It is run by Dr. C. Lucas, who is on the committee of the FPWAZ. Some 35 to 40 clients are dealt with at each weekly session, and of these about half are new acceptors. The clinic was officially declared to be a family planning clinic in June 1971.

Services of the Association are to be provided free of charge.

EDUCATION/INFORMATION

The Association's first budget makes provision for 2 social workers. It is hoped that one will be a male employed to do motivational work at different mines in the copper-belt

Advice on initial educational materials is to be sought from IPPF. A Field Advisor is expected to visit the Association during the summer of 1972.

TRAINING

It is proposed that the 2 social workers should spend a few weeks in Nairobi and Dar es Salaam to familiarize themselves with the training programmes of the Family Welfare Centre and the Family Planning Association of Tanzania.

OTHER ORGANIZATIONS

IPPF is to provide financial support. An initial budget has been submitted by FPWAZ to IPPF.

SIDA has expressed interest in supporting the work of the new Association.

SOURCES

Europa Yearbook 1971

Africa 71.